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36218 7590 02/12/2004

KLARQUIST SPARKMAN, LLP  
 121 S.W. SALMON STREET, SUITE #1600  
 ONE WORLD TRADE CENTER  
 PORTLAND, OR 97204-2988

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Michael D. Jones

(Depositor's name)

*Thur 10 2*  
*May 11, 2004*

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/825,617	04/03/2001	Peter Kellman	4239-55207	3282

TITLE OF INVENTION: GHOST ARTIFACT CANCELLATION USING PHASED ARRAY PROCESSING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ARANA, LOUIS M	2859	324-307000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Klarquist Sparkman, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America as represented  
 by the Secretary of the Department of Health and Human Services

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

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(Date)

*Thur 10 2*

*May 11, 2004*

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